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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|--------------------------|
| | | Application Number | 09/911,907 |
| | | Filing Date | July 23, 2001 |
| | | First Named Inventor | Chow et al. |
| | | Art Unit | 2181 |
| | | Examiner Name | Niketa I. Patel |
| Total Number of Pages in This Submission | | Attorney Docket Number | 2017P/F0994 (184-P113US) |

ENCLOSURES (Check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard |
| <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | Remarks |
| <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|----------------------------------|----------|--------|
| Firm Name | Winstead Sechrest & Minick, P.C. | | |
| Signature | | | |
| Printed name | Robert A. Voigt, Jr. | | |
| Date | April 24, 2006 | Reg. No. | 47,159 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|-----------------|------|----------------|
| Signature | | | |
| Typed or printed name | Beatrice Zepeda | Date | April 24, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 500.00)

Complete if Known

| | |
|----------------------|--------------------------|
| Application Number | 09/911,907 |
| Filing Date | July 23, 2001 |
| First Named Inventor | Chow |
| Examiner Name | Niketa I. Patel |
| Art Unit | 2181 |
| Attorney Docket No. | 2017P/F0994 (184-P113US) |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order

Deposit Account None

Deposit Account Number
01-0365
Deposit Account Name
Advanced Micro Devices, Inc.

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING FEE

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid(\$) |
|------------------------|----------|-----------------------|--------------|
| Utility Filing Fee | 790 | 395 | _____ |
| Design Filing Fee | 350 | 175 | _____ |
| Plant Filing Fee | 550 | 275 | _____ |
| Reissue Filing Fee | 790 | 395 | _____ |
| Provisional Filing Fee | 160 | 80 | _____ |

Subtotal (1) \$ 0.00

Subtotal (2) \$ 0.00

2. EXTRA CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 | 50 | 25 |
| Each independent claim over 3 | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| For Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| For Reissues, each independent claim more than in the original patent | 200 | 100 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims **Fee (\$)** **Fee Paid (\$)**

Subtotal (2) \$ 0.00

3. OTHER FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid(\$) |
|-------------------------------------|----------|-----------------------|--------------|
| 1-month extension of time | 120 | 60 | _____ |
| 2-month extension of time | 450 | 225 | _____ |
| 3-month extension of time | 1,020 | 510 | _____ |
| 4-month extension of time | 1,590 | 795 | _____ |
| 5-month extension of time | 2,160 | 1,080 | _____ |
| Information disclosure stmt. fee | 180 | 180 | _____ |
| 37 CFR 1.17(q) processing fee | 50 | 50 | _____ |
| Non-English specification | 130 | 130 | _____ |
| Notice of Appeal | 500 | 250 | 500.00 |
| Filing a brief in support of appeal | 500 | 250 | _____ |
| Request for oral hearing | 1,000 | 500 | _____ |
| Other: | _____ | _____ | _____ |

Subtotal (3) \$ 0.00

SUBMITTED BY

| | | | |
|-------------------|----------------------|--|------------------------|
| Signature | | Registration No. (Attorney/Agent) 47.159 | Telephone 512.370.2832 |
| Name (Print/Type) | Robert A. Voigt, Jr. | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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